

PART B - FEE(S) TRANSMITTAL

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22840 7590 09/22/2009

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MELISSA LECK	(Depositor's name)
MELISSA LECK/	(Signature)
DECEMBER 9, 2009	(Date)

GE HEALTHCARE BIO-SCIENCES CORP.
 PATENT DEPARTMENT
 800 CENTENNIAL AVENUE
 PISCATAWAY, NJ 08855

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/528,864	03/23/2005	Lulu-loan Blaga	PB0251	1514

TITLE OF INVENTION:

HIGH DENSITY FLUIDIC CHIP DESIGN AND METHOD OF SAMPLE INJECTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEES DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$1810	12/22/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
BALL, JOHN C.	1795	204-453000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a **Customer Number is required.**

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 1 YONGGANG JI
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2
- 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

GE HEALTHCARE (SV) CORP.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

SUNNYVALE, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502-590.

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature /YONGGANG JI/

Date DECEMBER 9, 2009

Typed or printed name YONGGANG JI

Registration No. 53,073

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